

the occurrence of ulceration and gangrene—improperly called spontaneous gangrene.

(11) The disease sometimes runs on for years under the appearance of a vasomotor or sensory neurosis, without recognizable vessel change.

(12) Together with organic narrowing of vessels, functional vasomotor disturbances play an important part in favoring gangrene.

(13) Most obscure from the point of view of differential diagnosis are those cases in which along with vessel obliteration and myasthenia, typical symptoms of Raynaud's disease, or erythromelalgia, are present.

(14) There are probably two chief groups of this peculiar endarteritis: (a) the more common with primary location of the disease process in the vessels; (b) the less common with preceding nerve degeneration (so-called neurotic angiosclerosis).

(15) A rational hygienic and dietetic regime (especially mental and physical rest) may prevent the occurrence of the gangrene, fatal occasionally and at best producing deformities seriously interfering with the usefulness of the patient.

(16) In doubtful cases with intense pain and tendency to ulceration, the less radical measures of nerve stretching, tension or restriction used by Chipault and his school in perforating ulcers, seem worth a trial.

ALLEN.

AN INTRODUCTION TO THE PSYCHOLOGICAL STUDY OF BACKWARD CHILDREN. William B. Noyes (N. Y. Medical Journal, Vol. lxxiii, 1901, No. 25, June 22).

The author classifies mentally defective children as follows: (1) Those in whom the faculty of perception is deficient, and this includes all those who have been born defective in their special senses, the blind, the deaf, and the dumb, who can only develop mentally by some vicarious education of other faculties. In the extreme types we have the so-called idiots by deprivation, who are idiots simply because they lack certain special senses; (2) those children who, in spite of possessing all special senses and power of perception, lack the power of attention, without which the most painstaking instruction or frequently-repeated suggestion is without result. The third class is one which is characterized, not by defect of special senses or the power of attention, but by defect or disease of the will. Of this, the case reported is in some respects an example; (3) disease of the will may be classified as follows: (a) Impairment of the will by defect of impulse, varying from sluggishness or irresolution, not uncommon among children, to extreme types of what is called abulia, or "idiocy of the will," which is a complete lack of will power and decidedly rarer; (b) the will may be impaired through a morbid fear or a fixed idea: among children this is usually regarded by parents as a silly notion of an imaginative child and not anything serious, and in reality it seldom persists long in any one definite form. In adult life these phobias, or minor fixed ideas, are common enough; (c) the will may be impaired through some excessive impulse which may be instantaneous in its onset or something more gradual; (d) there may be impairment of the will due to a lack of power of attention. This may be congenital, as in the case reported, or acquired, as seen in various neuroses and psychoses; (e) the will may be limited or practically destroyed by being controlled by the caprices of hysteria; (f) the will

may be in abeyance in conditions allied to hypnotism which are seen in childhood, chiefly in connection with morbid religious revivals and similar mental excitements; (4) while attention and will are in a way associated with motor functions, the higher, or cognitive, powers of the mind seem more related to the sensory functions. A child may be normal in perception, attention, and will, and yet be decidedly deficient in reasoning faculties; (5) there are cases where the child has normal senses, power of attention, will power, and reason, but fails in memory, or the power to recall what may have been acquired in the near or remote past. SMITH.

UEBER DEN NORMALEN GROSSZEHENREFLEX BEI KINDERN (On the Normal Great Toe Reflex in Children). Fritz Passini (Wiener klinische Wochenschrift, No. 41, 1900).

The "toe phenomenon" first described by Babinski two years ago has attracted much attention and has been verified in part by well-known neurologists.

Passini found it present in older children with cerebral palsies, congenital hydrocephalus with spastic paresis of the lower extremities and in spinal diseases such as compression paralysis from caries of the vertebra. In tubercular meningitis he found it had a prognostic value as in a number of cases the flexion turned into extension one or two days before death. Babinski called attention to the fact that there was normally an extension of the toes on plantar irritation in infants which changed to the normal flexion type of the adult when the child began to walk. The author made a number of investigations and found that the flexion type of the great toe reflex normally appears in the fourth quarter of the first year. The use of the feet in walking does not produce the reflex, but is dependent upon the development of the pyramidal tracts. Pathological changes in the pyramidal tract in older children and adults cause a return to the infantile form of the plantar reflex. JELLIFFE.

UEBER DEN KLINISCHEN VERLAUF UND DIE PATHOLOGISCH-ANATOMISCHEN VERÄNDERUNGEN EINES SCHWEREN DURCH HEMIPLEGIE BULBÄRE UND PSYCHISCHE STÖRUNGEN AUSGEZEICHNETEN FALLES VON BASEDOWSCHER KRANKHEIT (Concerning the Clinical Course and the Pathologico-Anatomical Changes in a Severe and Extraordinary Case of Exophthalmic Goiter, Characterized by Hemiplegia, and Bulbar and Mental Disturbances). Dinkler (Archiv für Psychiatrie und Nervenkrankheiten, xxxiii, 2, 1900).

The number and severity of the nervous symptoms in exophthalmic goiter suggest an anatomical basis for the manifestations on the part of the nervous system, but no constant lesions have yet been described, the various nervous changes reported from time to time having been more in the light of complications or incidents. The case which is made the subject of this paper presented symptoms attributable to changes in the liver, kidneys, heart, thyroid gland, thymus, nervous system and body musculature. Besides the struma, cardiac palpitation and exophthalmos, the following symptoms were worthy of note: strong arterial pulsation, roaring and vascular murmurs over the thyroid, systolic mitral murmur with dilation of both sides of the heart, Stellwag's, Graefe's and Moebius' signs, tremors of the hands, diminution of the electrical resistance of the skin, tendency to cry and to laugh, hasty speech, marked acceleration of all voluntary movements, hyperidrosis, falling of the hair, diarrhea and